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## FACSIMILE TRANSMITTAL SHEET

To  
USPTO

FAX NUMBER:  
703-872-9306

FROM:  
Gerard E. Reinhardt

PHONE NUMBER:  
908-298-2960

TOTAL NO. OF PAGES INCLUDING COVER  
23

DATE  
April 11, 2005

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## PLEASE HAND DELIVER

In re Application of US Patent Application No. 10/705,282  
For Patent For: "METHODS OF USE OF THROMBIN RECEPTOR ANTAGONISTS"  
Filing Date: November 10, 2003  
Our Ref.: CV01185K1X  
Applicant: Chackalamannil, S.

Transmitted herewith are:

- Fax Cover Sheet – 1 page
- Certificate of Fax Transmission – 1 page
- Preliminary Amendment – 19 pages
- Fee Transmittal – 1 page (in duplicate)

PHONE: (908) 298-3955

FAX: (908) 298-5388

Attorney Docket No.: CV01185K1X US

Application No.: 10/705,282

Filing Date: November 10, 2003

First Named Inventor: Chackalamannil, S., et.al.

PTO/SB/97 (08-03)

Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

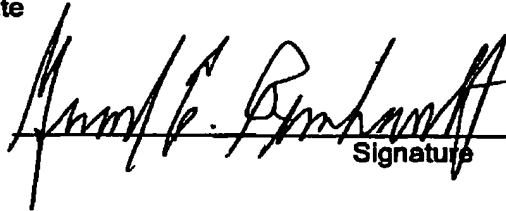
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Document(s) being transmitted:

Certificate of Fax Transmission - 1 page

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Preliminary Amendment - 19 pages

Fee Transmittal Form - 1 page (in duplicate)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 1210812004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> For FY 2005		Application Number	10/705,282
		Filing Date	November 10, 2003
		First Named Inventor	Chackalamannil, S.
		Examiner Name	TN
		Art Unit	1625
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	CV01185K1X
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) <b>950.00</b>	

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 24265 Deposit Account Name: Schering-Plough Corporation.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES	SEARCH FEES	EXAMINATION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200

Multiple dependent claims 360

**Total Claims** 39 - 20 or HP = 19 **Extra Claims** 19 **Fee (\$)** 19 x 50 = 950 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** 2 - 3 or HP = 0 **Extra Claims** 0 **Fee (\$)** 0 x 0 = 0 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

**3. APPLICATION SIZE FEE**

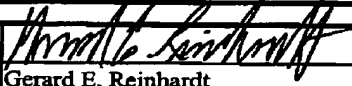
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** - 100 = **Extra Sheets** /50 = **Number of each additional 50 or fraction thereof Fee (\$)** **Fees Paid (\$)**

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	43,041
Name (Print/Type)	Gerard E. Reinhardt	Telephone	908-298-2960
		Date	April 11, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DUPLICATE**

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
<b>FEE TRANSMITTAL</b> For FY 2005		Application Number	10/705,282
		Filing Date	November 10, 2003
		First Named Inventor	Chackalamannil, S.
		Examiner Name	TN
		Art Unit	1625
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	CV01185K1X
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) <b>950.00</b>	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>24265</u> Deposit Account Name: <u>Schering-Plough Corporation.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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<b>FEE CALCULATION</b>				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>				
	<b>FILING FEES</b>	<b>SEARCH FEES</b>	<b>EXAMINATION FEES</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
utility	300	500	200	_____
Design	200	100	130	_____
Plant	200	300	160	_____
Reissue	300	500	600	_____
Provisional	200	0	0	_____
<b>2. EXCESS CLAIM FEES</b>				
<b>Fee Description</b>				<b>Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200
Multiple dependent claims				360
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
39	19	x 50	= 950	
HP = Highest number of total claims paid for, if greater than 20				
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
2	0	x	= 0	
HP = highest number of independent claims paid for, if greater than 3				
<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
_____	- 100 =	/50 =	(round up to a whole number) x	_____
<b>4. OTHER FEE(S)</b>				
Non-English Specification, \$130 fee (no small entity discount)				<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): _____				_____

<b>SUBMITTED BY</b>		
Signature	<i>Gerard E. Reinhardt</i>	Registration No. (Attorney/Agent) 43,041
Name (Print/Type)	Gerard E. Reinhardt	Telephone 908-298-2960
		Date April 11, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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APR 11 2005

PATENT: CV01185K1X

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Chackalamannil *et al.* )

Group Art Unit: 1625

Serial No.: 10/705,282 )

Examiner: To Be Assigned

Filed: November 10, 2003 )

For: **Methods of Use of  
Thrombin Receptor Antagonists** )

Docket No.: CV01185K1X )

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450**PRELIMINARY AMENDMENT**

Sir:

It is respectfully requested that this amendment be entered before the above-identified application is given substantive consideration.

Please amend the above-identified application, without prejudice, as follows:

Amendments to the claims start on page 2.

Remarks start on page 19.